

## Missouri Family, Career and Community Leaders of America Missouri Department of Elementary and Secondary Education PO Box 480 Jefferson City, MO 65102-0480



Submit this form or a computer-generated reproduction with your Member Affiliation Form, retain a copy for your files. Please verify the counts written on the Member Affiliation Form match the totals below and payment is for the number of students listed. There will be no substitutions of names.

School Name						
City		State	МО	ZIP Code		
Chapter	Chapter ID #					
	Name					
Advisor(s)						
	Student Name		Grade	Male (M) or Female (F)	Select only one * Comprehensive (C) or Occupational (O)	
•						
0.						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
0.						
1.						
2.						
3.						
4.						
5.						
If left blan	k or incorrect, student will be	designated comprehen	sive.	•		
Total 7	# Males	Total a	# Females			
		]				
Total #Comprel	nensive	Total # Oco	cupational	1		